



UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT

3232 -
b2

Appl. No.: 10/087,458 Confirmation No. 6663
Applicant: Lawrence G. Shubert
Filed: 02/27/2002
Group: 3732
Examiner: Manahan, Todd E

Docket No.: 021532-000100US (New 0002828.0003)
Customer No.: 34755

Title: METHOD AND APPARATUS FOR IMPROVED NAIL TRIMMING

AMENDMENT

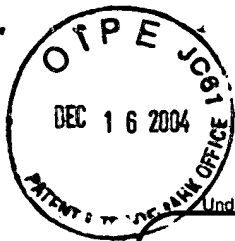
This Amendment is being filed in response to the Official Action mailed October 1, 2004.
Please amend the above-identified application as follows:

Amendment to the Specification begins on page 2 of this paper.

Amendment to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Amendment to the Drawings begins on page 7 of this paper.

Remarks/Arguments begin on page 8 of this paper.



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/087,458	
	Filing Date	02/27/2002	
	First Named Inventor	Lawrence Shubert	
	Art Unit	3732	
	Examiner Name	Manahan	
Total Number of Pages in This Submission	10	Attorney Docket Number	021532-000100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Much Shelist Freed Denenberg Ament & Rubenstein		
Signature			
Printed name	Adam K Sacharoff		
Date	December 13, 2004	Reg. No.	43075

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Adam K Sacharoff	Date	December 13, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.